

THE
LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, APRIL 21, 1883.

Original.

CONJUNCTIVAL BLENNORRHEA.*

BY R. MAUPIN FERGUSON, M. D.

In this paper I treat of a disease of very great importance to the general practitioner as well as to the specialist. I have endeavored to give a faithful representation of the precepts and practices with which I became acquainted during a prolonged course of study in the ophthalmic hospitals of Europe. With regard to the methods of treatment which I mention, I may state that I have been a frequent witness of their employment, with the exception of the acetate of lead treatment in chronic conjunctival blennorrhea or trachoma.

Under the title of "conjunctival blennorrhea" is understood an inflammatory affection of the conjunctiva, accompanied by swelling, redness, and a deposit of fibrino-plastic matter in the parenchyma of the lids which shows no tendency toward ulceration, and is accompanied by a more or less profuse contagious secretion of a muco-purulent or purulent character. Such is the excellent definition given by my former teacher, Prof. Arlt, of Vienna, in his valuable work, the *Krankheiten des Auges*. According to this definition, several forms of disease which are frequently treated of as separate diseases are embraced under one head. It will be found to include gonorrheal ophthalmia, certain forms of ophthalmia neonatorum, trachoma, and the so-called vesicular conjunctivitis. Although it is not positively certain that these are but various forms of one disease, this nomenclature recommends itself to us on account of the clear insight it tends to give into the nature, origin, pathology, and treatment.

If I infringe on your valuable time in

*Read before the Kentucky State Medical Society.

giving rapidly and superficially some of the symptoms and incidents of this affection, I trust you will pardon it, in consideration of the extreme importance of the organ affected and the fearful ravages the disease has at times made. In the prison in Dublin in five years, between 1849 and 1854, there were not less than 134,838 cases, and at Mayence in 1819 there were 1,146 cases among the Prussian soldiery; that is, one third of the entire force. Since Napoleon's Egyptian war it has frequently raged in a fearful manner among the European soldiery. A disease capable of becoming so widely spread, and one embracing so many inherent dangers to the sight, is of an importance which can not be overestimated.

It occurs under two forms, the acute and the chronic. Acute blennorrhea includes gonorrheal ophthalmia and blennorrhea neonatorum. In the beginning it presents exactly the features of catarrhal conjunctivitis, from which it can only be distinguished by its rapid progress to a profuse blennorrhea, or by history of direct or indirect contagion. In the milder cases the palpebral conjunctiva is alone affected, and secretes a serous, mucous, muco-purulent or purulent discharge, according to the intensity and stage of the disease. If the case be more violent, the ocular conjunctiva likewise becomes affected, becoming edematous, chemotic. The inflammation continuing and increasing, the tissues become permeated by a fibrino-plastic matter and proliferating cells in such quantity as to give rise to a hard, brawny swelling having a somewhat yellowish tinge. In some cases a sort of croupous membrane is formed on the surface of the conjunctiva. The lids may be enormously thickened, hot, red, shining, and tense. This solid infiltration and great swelling of the lids is exceedingly dangerous to the integrity of the cornea, as thereby the nutrient anterior ciliary vessels are

compressed. Between these extremes various grades of intensity occur.

By blennorrhea chronica is meant granular lids, trachoma, or ophthalmia Egyptica, as it is variously called, as well as the so-called vesicular conjunctivitis. It may begin insidiously, presenting the appearance of granular lids from the beginning, or it may be preceded by the acute form. It is very rarely found to follow the acute affection in children. Careless persons may be affected with the disease for quite a long time without being aware of it. Granular lids are too common to need any description here. Two kinds of granulations, however, have been described—those due to hypertrophied papillae, and others probably due to hypertrophied lymphatic follicles existing, possibly, in the normal membrane.

The difference between these two varieties has caused some ophthalmologists to consider that form characterized by the development of the latter kind of granulations as a special form of disease under the title of vesicular conjunctivitis.

These *vesicles* are small, roundish, pellucid bodies imbedded in the membrane, and have been likened to grains of boiled sago. They are said to consist of heaps of lymph cells. The two kinds of granulations are, however, very frequently found side by side in one and the same case.

The granulations are at times accompanied by profuse secretion, and at other times are dry, and so hard as to emit quite an audible sound when a probe is passed over them. In all cases there is more or less infiltration of the subconjunctival tissue extending often deeply into the tarsus. This infiltration finally undergoes a change into cicatricial tissue which, here as elsewhere, shows such a tendency to contraction, giving rise to incurving and irregular growth of the lashes, entropium, etc., with all their consequent evils. In connection with the granular lids pannus often becomes developed. This vascular opacity is generally confined to the upper part of the cornea, but may also affect the lower, and even extend over the entire cornea. By many this opacity is attributed to the friction of the rough lids over the cornea. Although this theory is exceedingly probable, Von Arlt believes that in many cases it is merely a direct extension of the affection from the conjunctiva bulbi to the conjunctiva cornea. The opacity consists of innumerable small, closely packed infiltra-

tions, and one or more of these may go on to suppuration, giving rise to all the dangers of ulcers of the cornea. In some cases this infiltration changes into cicatricial tissue, leaving behind opacities.

The cornea with pannus often becomes softened, and gives way when the intraocular tension happens to be momentarily increased, thus losing its normal curvature and causing an error of refraction often so irregular as to be irremediable.

As the cause of all these varieties of this disease, contagion alone has been proved; possible is it that irritants, chemical or mechanical, are also capable of producing it, especially in the new-born. They have all been observed to follow inoculation with gonorrheal, morbid vaginal, and ophthalmoblenorrhoeic secretions, and even with the secretion of old cases of gleet.

According to Piringer's experiments, the clear, watery secretion of blennorrhea is harmless, but the muco-purulent and purulent are exceedingly virulent, only losing their contagiousness when diluted with fifty or a hundred parts of water, as also by being dried and by being preserved for a long time.

What will be the result of inoculation can not be certainly foretold, though there is a certain relation between the character of the secretion and the disease produced. At times apparently mild secretions give rise to very violent inflammation, leading to ulceration of the cornea and destruction of the globe. Individual susceptibilities probably play an important rôle.

In addition to contagion, nothing is so favorable to the development and spreading of this disease as general neglect of hygienic principles. Under such conditions, and especially where there is overcrowding, it at times takes on a fearful endemic character. At times so many have been affected in such a short space of time that some have considered its development due not to contagion, but to some epidemic climatic influence, and the contagionists have been forced to conclude that it is contagious through the air. The latter is the view adopted by the majority of military surgeons, and they are the ones who have the best opportunity of studying the disease. As an exponent of these views I may quote Dr. Müller, surgeon in the Prussian army at Mayence. He says, "In my opinion three circumstances must combine to favor the development of this subtle, invisible, immeasurable fluidum. These are (1) the presence of a person in-

fected with the contagious disease, (2) a decomposed atmosphere surrounding many people crowded together, (3) certain favorable atmospheric conditions." Again he states that he never saw the disease become endemic unless hygienic arrangements were neglected. In some cases contagion can not be proved, but it is the same with all other contagious diseases. It is not impossible that some cases may originate *de novo*.

Many ophthalmologists consider trachoma as merely catarrhal conjunctivitis which has been exposed to continued noxious influences. To disprove this is difficult, inasmuch as even the most pronounced cases of blennorrhea begin with the symptoms of catarrhal conjunctivitis. The sago-like bodies which have been mentioned are sometimes present in eyes apparently healthy, but which have been exposed to the irritating influences of smoke, dust, over-use of eyes, over-crowding, etc. Stromeyer found these bodies in the eyes of various domestic animals, especially in pigs, and states that in number they were in direct proportion to the filthiness of the surroundings. Dr. Marston says, "So certain do I feel that the prevalence of vesicular disease of the lids is in direct ratio to the amount and degree of defective sanitary arrangements, that I conceive the palpebral conjunctiva offers a delicate test and evidence of the hygienic condition of a regiment."

From these considerations we are naturally led to taking certain precautions against contagion, and to paying particular attention to the hygienic surroundings. The greatest care must be taken against the inoculation of any of those secretions which have already been mentioned as contagious. The patient as well as those surrounding him should be warned of the danger of inoculation, and he should be assigned a separate wash-bowl, towels, etc.

During and after delivery the utmost care must be taken to prevent inoculation where the mother is known to have a profuse leucorrheal discharge. For this purpose it may be advisable to thoroughly cleanse the parts by syringing. If accidentally any of these secretions should enter an eye, it should be immediately well washed out and a two-grain solution of nitrate of silver dropped in the eye, and long continued cold or ice compresses be applied. Piringer, who made a great number of experiments on this subject, attributes the greatest importance to the earnest application of the cold compresses, but says that after the disease has

once begun cold only aggravates the disease. If only one eye be affected, the other should be secured from infection by a hermetic bandage. For this purpose a watch-glass may be placed over the eye, and secured in its place by a piece of macintosh, with a hole in the center, and adhesive strips. Too much importance can not be ascribed to the securing of an abundance of fresh air, light, suitable food, and general favorable hygienic surroundings, especially avoiding over-crowding.

The local treatment must vary according to the different stages and conditions. In the acute cases it is well not to resort to astringents or caustics until free secretion has set in, as their too early use often intensifies the disease. When there is profuse secretion, the eyes must be kept clean by frequent cleansing with tepid water. This must be attended to by a careful nurse, the eyes being cleansed every hour, day and night, if necessary.

A solution of sulphate of zinc, two grains, and alum, four grains, to the ounce of water was a favorite astringent at Moorefield's Royal London Ophthalmic Hospital.

When the secretion is free and abundant, there is nothing so good as brushing the lids with a solution of nitrate of silver, five to twenty grains to the ounce of water, or using the mitigated stick of silver. Donders even advises a solution of thirty or forty grains to the ounce. Such strong solutions, however, are not advisable as a general rule, and the *solid* stick of silver is exceedingly dangerous.

In all *severe* cases the nitrate of silver should be used either in solution or as the mitigated stick, unless there be some special contra-indication. When there is much brawny infiltration the utmost care is necessary in the use of nitrate of silver, as its use may bring about the so-called diphtheritic conjunctivitis. After applying silver it is well to neutralize with a solution of chloride of sodium, and then apply cold compresses, as they greatly lessen the irritation. When the lids and conjunctiva are very hot and brawny, with a tendency to the formation of a false membrane, warm applications are often of much service. If the inflammation be very violent leeches should be applied to the mastoid or temple, or blood drawn by Heurteloup's leech, and if the tension of the lids be very great the external commissure should be cut and the hemorrhage encouraged. This relieves the tissues and, removing the press-

ure from the anterior ciliary vessels, has a tendency to prevent ulceration of the cornea. Cold or ice compresses are most valuable in some cases, but must be thoroughly employed or they will do more harm than good. If inefficiently employed they may act more like a poultice or a stimulant.

In all cases it is well to use atropine to allay the photophobia, and possibly to diminish the intraocular pressure and thus act as a conservative of the cornea. Should it irritate, it should be stopped at once, and one half dram extract belladonna to one ounce of water, or some other substitute, be used. Dr. Galezowski, of Paris, used oleum cadinum one part and vaseline ten parts. The lids were drawn apart and the eye filled three or four times a day.

Should the acute give rise to the chronic, it must be treated according to the symptoms. The more succulent the lids are, the more intensely may we cauterize with nitrate of silver, but when the granular lids are dry and hard the more can we expect from sulphate of copper in crystal, or from lapis divinis. The object of cauterization is not to chemically destroy the granulations, but, by irritation, to favor their absorption.

A method of treatment much in vogue in Belgium is that of rubbing the powdered acetate of lead into the chinks between the granulations, and then washing off all the superfluous powder. It is claimed that after this the secretion is no longer contagious, and in military practice it is not considered necessary to separate patients so treated from healthy troops.

Ulcers of the cornea frequently delay the treatment and cure. In such cases it is better to avoid all silver and lead solutions, for fear they may leave deposits. Should mild pannus occur, the treatment should be directed solely to the granular lids, and both will disappear together. If, however, the opacity be extreme, various methods of treatment have been recommended.

In Paris I saw DeWecker on several occasions use the galvano-cautery to destroy the vessels leading on to the cornea, and he claims to have quite good success. It was surprising what little reaction occurred in these cases.

At Moorefield's Ophthalmic Hospital, in London, oil of turpentine one part to two parts of olive oil was used, and had some strong advocates. All these and other methods at times succeed, and at others fail. A method which offers the most brilliant results, when successful, is that by inoculation.

This treatment has been used very extensively at the Royal London Ophthalmic Hospital, especially by Mr. Lawson. Cases have been reported where patients who could not count fingers have been enabled to read Jeager No. 1, that is, print much finer than any in ordinary use.

It is advisable to use the white purulent secretion of ophthalmia neonatorum after the disease has passed its acme. After inoculation the case must be allowed to take its own course, however violent. Although it can not be denied that there is always danger of the eye being destroyed, yet it must be remembered that it is only recommended in cases which have resisted all other treatment, and that the vascularity of the cornea seems to protect it to a considerable degree from suppuration, and that when it does succeed its result is most brilliant—giving, in fact, useful vision to the practically blind.

LOUISVILLE, KY.

Miscellany.

FEMALE HALLUCINATIONS.—Recent circumstances have directed attention to certain remarkable delusions to which females of unstable nervous equilibrium are subject, either through hysteria or through similar disorders of the nervous system. Charcot and Bourneville give instances of the extraordinary self-deceptions that are frequent amongst hysterical patients. (The British Medical Journal.) Dr. Legrand du Saulle, physician to the Salpêtrière, Paris, describes in his standard work, *Les Hystériques*, some remarkable cases of hallucination, where females labored under the belief that they have been struck or stabbed by others, even having inflicted blows and wounds upon themselves. In one instance a young woman was found by her husband lying on the floor of her room in a fainting fit, her face covered with blood. On reviving from her swoon she stated that she had been attacked by armed men. The Paris newspapers related the case, and within three weeks two similar events occurred in the French metropolis. All these cases were proved to have been fabricated by the supposed victims. A young girl wounded herself slightly with a pistol. She gave the police authorities most minute details about an imaginary assassin who, according to her account, fired the weapon; but she was found to be highly hysterical,

and it was proved that she had willfully wounded herself. In a third case in Dr. Du Saulle's experience, a young woman was found in a railway carriage, stabbed in the left side. The incident caused great excitement, but it was proved, contrary to her assertions, that she had inflicted the wound herself, and was a hysterical subject. A housemaid was found lying behind the door, bound, gagged, and covered with bruises. She stated that she had been brutally attacked by two burglars with blackened faces; but she was a highly hysterical woman, and there appears to have been strong evidence that she had contrived to tie her own hands and to gag and bruise herself. Perhaps the strangest case of all occurred in M. Tardieu's practice. A young lady, living at Courbevoie, wished to make herself an object of public interest by passing as a victim of a political conspiracy which she pretended to have discovered. One night she was found in a state of the greatest mental perturbation at the door of her apartment. She could not talk; but stated, in writing, that she had been attacked outside her own house by a man who had attempted to garrote her, at the same time striking her twice with a dagger. Only the lady's clothing was injured, and the body of her dress and her corset were found to be cut through, but at different levels. She tried to make out that the attempt at strangulation had caused dumbness. M. Tardieu remarked, in her hearing, this infirmity rapidly disappeared when produced under circumstances of this kind. She soon managed to regain her speech, and in a short time admitted that the whole narrative had been developed out of her inner consciousness. The constant fear of molestation from enemies, especially if based on reasonable grounds, is particularly liable to predispose nervous or excitable subjects to extraordinary delusions of this kind.

HONEST AND TRUE NEW YORK DOCTORS.
An association for the purpose of upholding the old code of medical ethics, and resisting any modification of this code that does not emanate from the body in which it originated, has been formed, and held its first regular meeting at the hall of the Academy of Medicine on Friday evening, March 23d. Among those interested in the movement are such leading men as Austin Flint, sr., Austin Flint, jr., T. Gaillard Thomas, Alonzo Clark, Willard Parker, Thomas M. Mar-koe, Lewis A. Sayre, Frank H. Hamilton,

Isaac E. Taylor, William T. Lusk, Samuel S. Purple, Abram Du Bois, J. W. S. Gouley, John H. Hinton, Stephen Smith, J. Lewis Smith, Jared Linsey, Nathan Bozeman, Henry D. Noyes, Richard H. Derby, F. D. Weisse, J. Williston Wright, Octavius A. White, John G. Adams, and William J. Morton.—*Boston Medical and Surgical Journal.*

THE PERILS OF PEDESTRIANS.—In London, says the British Medical Journal, according to the reports of the police, more than one hundred persons are killed annually in the streets, while two or three thousand individuals are more or less severely maimed every year in the thoroughfares, by vehicles, the falling of sign-boards, chimneys, walls, slates, bricks, scaffolding, and bill-stickers boardings, or from the coming down of broken telegraph wires which have been stretched over streets. The placing of telegraph wires across streets is a source of danger which is rapidly on the increase, from the growth of telephonic communication in populous districts. Telegraph wires cut like a sword when they strike in falling from a considerable height. All these various perils appear to be growing among us from the increasing concentration of population and commercial activity in the larger urban districts of our country.

REMARKABLE ARREST OF DEVELOPMENT.
This case was recently exhibited before the Philadelphia County Medical Society by Dr. Atkinson. (Medical Times.) A man, aged forty, had never had teeth, nor any hair on the scalp except the downy hairs of infancy. He has no sense of smell, and lost taste. He never perspires, and when working is obliged to wet his clothes to moderate the body-heat. He can sleep in these wet clothes without catching cold. Hair is present in the axilla and pubis, the downy hair usually seen over the skin at large is wanting, save on the scalp. His grandmother and uncle were similarly defective. He has very good health, has never been seriously sick, and has never had dyspepsia. The secretion of urine is unusually abundant. He is married, and has eight children, among whom are two girls, both of whom lack a number of teeth.

The mind is its own place, and in itself
Can make a heaven of hell, and hell of heaven.
Milton.

Dwarfs generally die from premature old age, and giants from exhaustion.

ELECTRIC LIGHTING AND VENTILATION. The heat which arises from burning gas, although often regarded as an inconvenience, is sometimes a positive advantage; for, if the gas be burned near the ceiling of a room, the ventilation of the apartment is powerfully aided by the upward currents of air which the combustion of the gas produces, while the noxious products of such combustion in the main are carried off if sufficient openings to the outer air exist in the upper portions of the room. Last week Dr. Morris read a paper on this subject. (*British Med. Journal.*) His conclusion was that the lighting of public buildings by the electric light did not possess such superiority in ordinary cases over lighting by gas as might have been expected. That, he thought, was due to the fact that gas assisted in the ventilation by producing upward currents, which dragged up the lower strata of polluted air, while the electric light in no respect assisted ventilation; on the other hand, he pointed out, there were the immediate products of the gas-combustion, but in a building like that in which his experiments were conducted, where the gas was near the ceiling, the impurities were to a large extent carried off far above the heads of persons assembled in the hall.

DEATH OF PROFESSOR VON SIGMUND.—Continental papers announce the death of this celebrated writer on syphilis. He died unexpectedly in Padua. Sigmund graduated at Pesth in 1837, and soon removed to Vienna, where he qualified as a teacher of surgery. Afterward he turned his attention to syphilis. In 1845 he was appointed extraordinary Professor of Syphilis, holding this position twenty-four years before being advanced to the professorship. This he held in conjunction with the well-known Hebra.

HEITZMANN'S MICROSCOPICAL MORPHOLOGY OF THE ANIMAL BODY IN HEALTH AND DISEASE.—The *British Medical Journal* thus pointedly describes the work of a German physician of New York City. This book notice is a model of truth and severity: This is a book which it were idle to criticise in detail, and which we can not recommend to students. It is full of fantastic observations, unacceptable theories, and delusive conclusions. It is chiefly interesting to histologists, as showing the errors into which an intelligent but eccentric observer may be led, the tenacity with which he may adhere to them, and the development which he

may assign to his own fancies, regardless of the strange conclusions to which they lead him. All the well-known fallacies of Dr. Heitzmann's earlier observations are here recorded with as much gravity as if they were accepted facts in science. His suggestions as to the examination of the blood as a means of determining the marriageable qualities of candidates for matrimony are once more gravely recited. If any thing could (but fortunately nothing can) bring histological research into disrepute among serious men, it might be the publication of such a volume as this.

YELLOW FEVER FROM HAVANA.—From the 17th to the 30th of March six vessels arrived at Charleston, S. C., from Havana, with foul bills of health. They became infected with yellow fever during their stay in Havana, and lost twenty men by death from this disease out of the sixty-nine which constituted the aggregate of their crews.

COUNTRY PRACTICE.

Luckless he whom Fates urge on
To practice as a country surgeon,
To ride, regardless of the weather,
Incased in waterproof and leather;
And oft at two points diametric
Summoned to render aid obstetric,
Or sent for to a broken limb,
When Lady Blank, with nervous whim,
Or some imaginary fever,
Calls him a savage if he leave her.
A day and night in some lone cottage
He shares the lowly laborer's pottage,
And kicks his heels, with wearied brain
Yet watching o'er the wife's slow pain.
And that task over, happy he
If e'er he gets the well-earned fee.
Now comes the night; with toil oppressed,
Tired he seeks his place of rest.
Vain hope! his slumber is soon o'er,
Loud sounds the knocker at the door.
A farmer's wife, at nine miles distance,
Needs his immediate assistance.
Grumbling and groping in the dark
To find the matches for a spark,
And, yawning as he heaves his breeches,
Envies his neighbor who hath riches.

Lancet.

FOWL FARMERS, ATTENTION!—Dr. L. Roth, of Kissingen, has lately reported a virulent outbreak of diphtheria in a lot of fowls, due to infection from children. Persons having valuable poultry can not be too careful about the sanitary condition of the feathered bipeds' companions. By keeping unsound children away from the barn-yard and hen-house, many valuable lives may be saved, to say nothing of eggs.

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LUNSFORD P. YANDELL, M.D., - - }
L. S. McMURTRY, A.M., M.D., - - } Editors.

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OUR MOTTO.

We are often asked concerning the origin and interpretation of the phrase "*Nec Tenui Penna*," which from the foundation of this journal has appeared at the head of its columns. This motto was selected by the gifted founder of the NEWS, and was taken from the work of fiction which he has often told the writer had given him more pleasure than any other. Indeed he regarded the style of Thackeray as a model, and it has often occurred to us that our brilliant friend was much of the same mould, and possessed in his personality and mental characteristics many traits in common with the great English novelist. It always seemed to us that it was a most natural thing for Cowling to admire Thackeray as a man and emulate him as a writer. An esteemed friend of the NEWS has recently placed in our hands the following letter, written him several years ago by the lamented Cowling, in which will be found his conception of the idea contained in the motto and the circumstances which led to its selection:

My Dear Doctor: Your note of the 12th reached me this evening. I got the motto "*Nec Tenui Penna*" where you also found it, in Pendennis. If I remember rightly, it accompanied Thackeray's crest and was his personal motto; but it is twenty years ago since I saw it in the connection named. I do not know from whence it came originally, and

therefore have never seen any context, if such there be, nor has any one translated it for me. My own construction is, "Not on feeble wing" or "pinnion," which seems to compass it clearly. I do remember some years ago I asked Mr. Daves, who was professor of Greek in Trinity College, if this was not the right translation, and he assented. I took the motto for the NEWS because I liked Thackeray so much; and although I might not expect to soar high, I would try to fly straight. It is a little curious that so many have failed to give the motto proper translation. It might be construed in fact—especially in connection with journalism—"Not with feeble pen;" but the metonymy for "wing" is just as correct, and makes the meaning more general and stronger.

Some years ago, when we were not such good friends as we are now, the Cincinnati Clinic undertook to translate it "I never held a pen;" but I "jobbed" one into his eye afterward, and hope I changed his mind.

If you ever come across the original in which the motto appears, I wish you would let me know; and in the meanwhile suppose you sail into the columns of the NEWS with a paper.

Very sincerely yours,

R. O. COWLING.

In June, 1881, there was some discussion in our columns for correspondence concerning the origin and translation of the motto. The agitation of the subject has led to the discovery of the following passages, which will explain both the origin and translation. In "*The History of Pendennis*, his Fortunes and Misfortunes, his Friends and his Greatest Enemy," from which our gifted predecessor loved so well to quote, may be found this paragraph closing chapter 2:

They buried John Pendennis, Esq., "formerly an eminent medical practitioner at Bath, and subsequently an able magistrate, a benevolent landlord, and a benefactor to many charities and public institutions in this neighborhood and county." . . . A fair marble slab, from which the above inscription is copied, was erected over the Fair Oaks pew in the church. On it you may see the Pendennis coat of arms and crest, an eagle looking toward the sun, with the motto, "*NEC TENUI PENNA*," to the present day.

In one of the Odes of Horace may be found the following:

Non usitata nec tenui ferar
Penna.

When translated with its context the significance of the motto is quite plain, "I shall

soar on no common, no feeble wing." We can not but reiterate here the suggestion of our predecessor, that this motto would make a most appropriate epitaph for the able surgeon and brilliant writer who founded this journal. If, in the survival of the soul, all the ennobling traits, with the endearing accidents and charming eccentricities of this existence, are retained and perfected, surely our noble friend soars on no common, no feeble wing.

THE STANDARD.

Our esteemed contemporary, the Alienist and Neurologist, thus designates a class of physicians, which it is to be hoped is constantly increasing in this country. At present, it must be confessed, the class does not comprehend all, but our able confrère points to the standard which should engage the earnest efforts and unconquerable ambition of every worthy medical man. He indicates the characteristics of that great body of practitioners who are extending the range of medical science and practice and advancing the welfare of the people, while daily adding to our knowledge:

That growing class of advanced and advancing, thoughtful, observant, investigating general practitioners, whose medical education did not cease when their college curriculum ended. You will find a few of them in nearly every community. They are the physicians and surgeons whom their brethren rely on in emergencies, whom the public regard as the capable men in our ranks when something besides routine fever problems, etc., are to be solved. They are the men whom the lawyers consult for valid medico-legal advice, and whom the clergy recognize as the most enlightened men in the discussions of life problems intelligently.

THE McDOWELL MEDICAL SOCIETY will meet in Henderson, Ky., May 23d and 24th. A large attendance and an interesting session is expected. Gentlemen who intend to contribute papers are requested to inform the secretary, F. H. Clarke, Hopkinsville, Ky., of their subjects by May 5th.

Bibliography.

A System of Human Anatomy, including its Medical and Surgical Relations. By HARRISON ALLEN, M.D., Professor of Physiology in the University of Pennsylvania. Section III: The Muscles and Fasciæ. Section IV: The Arteries, Veins, and Lymphatics. Philadelphia: Henry C. Lea's Son & Co. 1883.

We have received from the publishers the two numbers in course of Dr. Allen's work on Anatomy. In a former number of this journal we made an extended notice of this work, and the plan adopted by the author for its execution, together with some comments on the first two sections issued at that time. We can unreservedly reiterate the impressions then formed of its high character of excellence, and repeat the commendation of the work then expressed. It may be well to mention again that the work is intended to be a complete treatise on descriptive anatomy, together with the application of the subject to practical medicine and surgery. The author has kept in view throughout the preparation of a complete, concise, and thorough treatise on anatomy, and, in connection with every organ and part, to give the application of anatomical knowledge to the practice of medicine and surgery. For the practitioner, as a book of reference and a guide in accurate anatomical knowledge, it has no equal. The several sections of the work show that no portion of the author's self-imposed task has been hastily or carelessly performed. The work has occupied the author's almost constant attention for a number of years, and is based on studies made in the dissecting-room after a thorough familiarity with ancient and modern treatises upon anatomy. Two more sections are to follow, and the work will be complete.

The execution of the work on the part of the publishers surpasses any previous effort of American publishers in this line. The illustrations consist of three hundred and eighty figures upon one hundred and nine plates. The drawings are all new and original, having been made by Mr. Hermann Faber from dissections by the author. The drawings are beautifully colored. The section on the arteries, veins, and lymphatics is rich in illustrations of exquisite execution. There are many instances in which absolute anatomical accuracy has been very slightly sacrificed for artistic design in the drawings, but these are in most instances unimportant. The exposition of the vessels

in the important surgical spaces, and in connection with the viscera, is particularly worthy of notice. We are confirmed in our opinion, expressed some time since, that it has fallen to an American physician and an American publisher to give the profession the most superb work on anatomy for the use of practitioners which has yet appeared. The price of the book places it in the reach of every practitioner and advanced student.

COLORADO FOR INVALIDS. By S. Edwin Solly, M.R.C.S., Eng., L.S.A., Lond., Fellow of the Royal Medico-Chirurgical Society, Vice-president of the Colorado State Medical Society.

FLORIDA AS A HEALTH-RESORT. By Martin F. Coomes, M.D., Professor of Physiology and Diseases of Eye, Ear, and Throat in the Kentucky School of Medicine. Reprint from the Medical Herald, April, 1883.

CITY WATER-SUPPLIES: An Address delivered before the Westchester County Historical Society at the annual meeting, A. D. 1882. By B. S. Church, M.S., C.E. New Rochelle, N. Y.

SOME THOUGHTS ON PHTHISIS, WITH SPECIAL REFERENCE TO THE VALUE OF LARYNGEAL SYMPTOMS IN DIAGNOSIS. By M. F. Coomes, M.D., Louisville, Ky.

MENSTRUAL AMBLYOPIA. By Martin F. Coomes, M.D., Professor of Physiology, Ophthalmology, and Otology in Kentucky School of Medicine. Reprint from the Medical Herald, October, 1882.

CLINICAL LECTURE ON THE MECHANICAL TREATMENT OF CARIES OF THE LUMBAR VERTEBRÆ. Delivered December 6, 1882. By Dr. M. Josiah Roberts. Reprint from The Lancet, London, January 27, 1883.

ELASTIC TENSION THERAPEUTICALLY UTILIZED IN ADHESIVE AND MEDICATED PLASTERS. By Dr. M. Josiah Roberts, New York. Reprint from the Medical Record, April 1, 1882.

LOUISVILLE BOARD OF TRADE. Fourth Annual Report, for the year ending December 31, 1882.

PROPOSED ORDINANCE AND RULES AND REGULATIONS FOR REGULATING THE PLUMBING, HOUSE DRAINAGE, REGISTRATION AND LICENSING OF PLUMBERS IN THE CITY OF PHILADELPHIA, as reported by the Committee of Twenty-one.

Obituary.

DR. DAVID CUMMINS.

Dr. David Cummins, one of Louisville's oldest and most popular practitioners, died on the morning of the 14th of April. Dr. Cummins had just passed his fifty-eighth birthday. For more than three months he had occasionally complained of vertigo with more or less headache. Two weeks since, a violent pain in the right frontal region forced him to bed, and from this time he was never thoroughly conscious. Dr. Cummins was a successful practitioner in the departments of surgery and obstetrics as well as in general practice. He was a man of strong practical common sense, of sunny temper, and attractive manners. He possessed the regard and respect of his brethren and the devoted love and admiration of a vast clientele. His practice was probably the most lucrative in the city, and by it he had amassed a large fortune. He was "a good man, skilled in healing." The death of no other man is so great a calamity to a community as is that of a great physician. Such a loss Louisville sustains in the death of Dr. Cummins.

JOSEPH K. BARNES, M.D.

[Surgeon-General, United States Army (Retired).]

Brigadier-General Joseph K. Barnes died in Washington, on the 5th inst., of Bright's disease, in the sixty-sixth year of his age, having been over forty years in the army. He was born in Philadelphia, July 21, 1817. In 1838 he received the degree of doctor in medicine from the Medical Department of the University of Pennsylvania. After serving for several months in the Blockley Hospital, as a member of the house staff and in the out-patient department, he joined the medical corps of the army, receiving his appointment as assistant surgeon June 15, 1840. Having served at the Military Academy, in the Florida war, in the Mexican war, and again at West Point, he was appointed surgeon August 29, 1856. At the outbreak of the late civil war he was re-called to Washington from a post on the Pacific coast, and was made medical inspector with the rank of lieutenant-colonel February 9, 1863. On the 10th of August of the same year he was made inspector-general with the rank of colonel. The fol-

lowing year, on August 22d, he was appointed surgeon-general with the rank of brigadier-general. In 1865, at the close of the war, he was breveted major-general, and last year he was retired in compliance with the general law.

The career of Surgeon-General Barnes is one which reflects great credit upon himself, his profession, and his country. The Medical and Surgical History of the War, the Army Medical Museum, and the Library of the Surgeon-General's Office, all these being splendid and invaluable works, were executed and established under his administration. While he was unequal to subordinate officers of the medical corps in special departments of professional work, he surpassed all in administrative ability. He possessed keen perception in the selection of the proper man for given work, had the good sense to let him have his own way, and the sense of justice to allow him full credit for the work. Under his administration the medical corps of the United States Army has become the best equipped and the best organized of all similar organizations in the world. The medical profession of this country owes Surgeon-General Barnes a debt of gratitude for the work done by his co operation and under his direction, and though neither a writer nor a teacher, he has aided in promoting the interests of the profession and advancing the standard of medical knowledge in America in a very efficient manner.

Selections.

INTRA-UTERINE INJECTIONS IN THE TREATMENT OF PUERPERAL SEPTICEMIA.—T. Gailard Thomas, M.D., in N. Y. Medical Journal, March 31, 1883:

The following case seems to me to illustrate what should be the accepted treatment of puerperal fever, or puerperal septicemia, at the present day. The case was that of a lady in the higher walks of life whom I was called to see about a month ago, in consultation by her physician, a man of wide experience. She was a primipara, was taken in labor at 4 o'clock Sunday afternoon, and at 9 o'clock in the evening was delivered of a female child, without any difficulty or assistance. Her physician examined the external genitalia carefully, and found no tear whatever. The nurse was instructed to syringe out the vagina carefully the next day

with carbolized water, which she did. The first forty-eight hours passed by without any bad symptoms at all, but, on visiting her on Tuesday morning, the physician found a temperature of 101° F., and in the evening it had risen to 102.5°. The next morning, the morning of the fourth day, the temperature was 103°, and the patient began to complain of very severe pain in the right iliac fossa. There had been no chill. At 5 o'clock in the afternoon the temperature was 106.5° in the mouth. The patient's appearance became wild, as of one who was about to have puerperal mania; the skin was hot, and she was crying out with pain, although she had received a good deal of morphine.

Having now been called to see the patient, I took the temperature in the mouth myself, and confirmed the record of her physician, that it was 106.5°. The pulse was 145. Making a vaginal examination, I found a bilateral laceration of the cervix uteri extending nearly up to the vaginal junction. Probably this extensive laceration partly accounted for the rapidity and the ease of the labor as occurring in a primipara. I urged that the uterus should be washed out with carbolized water at once, but her physician had never seen the method practiced, and was strongly prejudiced against it; he finally consented only because it was apparent that unless something decided was done the patient would soon die. Using the Chamberlain tube and the Davidson syringe, Dr. Jones, and afterward Dr. McCosh, continued to wash out the uterus with carbolized water every four hours during the night, and the next morning the temperature was found to have sunk from 106.5° to 101°; the pulse had fallen from 145 to 120; the patient, who had been given opium quite freely during the night, declared that she was very much relieved. Indeed, the relief had been so extraordinary that they began to believe that the danger was not real at all; that some exceptional circumstance had occurred, and that there was no septicemia. The uterus was now washed out at longer intervals, but at once the temperature went up to 102°, 103°, 104°, and 105°, and the patient again began to look maniacal. The uterus was now washed out every three hours, opium was freely administered, ten grains of quinine were administered every eight hours, ice-water was passed through a coil of rubber tubing placed over the abdomen; and as long as this treatment was

kept up the temperature did not rise above 101° or 102° ; but so soon as they ceased to wash out the uterus the temperature at once rose to 104° , and at times to 105° . This fact was proved by repeated trials.

After this treatment had been continued for ten days, a physician remaining with the patient day and night, giving the injections every three hours, and thirty grains of quinine during the course of the day, it was believed to be time to stop it; but in less than twenty-four hours the temperature again rose to 105° . I mention the amount of quinine which was being taken particularly, so as to prove positively that there was nothing of a malarial character in the case at all. On the sixteenth day after delivery, the tenth day after the commencement of the high temperature, the intervals between the uterine injections were extended from three hours to four, then to five, six, and seven hours, and finally they were discontinued altogether, and at the same time the administration of quinine was given up and the coiled tubing was taken off. Opium was continued in small doses for a while longer, and the patient recovered entirely.

I wish to contrast this case with another which I saw just before—that of a woman who had been recently delivered of her third child. When I was called to see the patient the temperature was 106° ; she had been taken with violent pain in one iliac fossa, and had been put five days before pretty profoundly under the influence of opium, and a blister had been applied over the whole of the abdomen. Large doses of quinine had likewise been administered. When I saw the patient, the use of intra-uterine injections was begun at once, but the patient lived only twenty-four hours, and died in a state of coma.

It seems to me that the time has arrived when puerperal septicemia should be treated upon just as simple a plan as septicemia of any other kind is, namely, by washing with some antiseptic fluid the surface where the disease originates—some fluid which will remove the poisonous material which is being absorbed, and also, so far as possible, neutralize its poisonous qualities. In brief, I would say that puerperal septicemia, with our present light on the subject, should be treated in the following manner: First, wash out the uterine cavity completely with some antiseptic fluid; second, quiet all pain by opium; third, get the peculiar influence of quinine upon the nervous sys-

tem; and, fourth, keep the temperature, at all hazards, at or below 100° by the methods which we now possess. Three years ago, at the American Gynecological Society, which met in Baltimore, I took the ground which I take to-day regarding this subject, and only one gentleman in the entire society supported my view. Every other member who spoke referred to the dangers of introducing air into the uterine sinuses during the injection, etc. But I believe that the dangers attending the use of the injections are counterbalanced by the benefits to be derived. I do not think there is the least probability that air will be introduced if a tube of large size—as large as the finger—is used. But when a catheter is employed there is some danger of inserting it into a sinus and introducing air and fluid together directly into the vessels.

A REMARKABLE OUTBREAK OF INTERMITTENT FEVER.—In the autumn of 1881 a remarkably virulent and fatal outbreak of fever occurred in the city of Amritsar, in the province of the Punjab. (The British Medical Journal.) So universally prevalent was the disease that, even at a comparatively early period of the outbreak, not a single individual, native or European, in the city and civil station, appears to have escaped its attacks; nine-tenths of the shops are said to have been closed, and the work of the Government offices was carried on with the utmost difficulty, owing to the general prostration with fever. Indeed, at one time the disease was so prevalent that as many as 10,000 cases were under treatment in one day. The type of the fever presented so many peculiarities that Dr. Bennett, a deputy sanitary commissioner, was directed to inquire into the circumstances of the outbreak; and his report, which has just appeared in an Indian parliamentary paper, contains many points of interest. In the vast majority of the attacks the febrile symptoms intermitted after six to ten hours' duration, the paroxysms coming on at a certain time every day, or every other day. The regular administration of antiperiodics, quinine, chinchona febrifuge, etc., was usually attended with successful results. The minimum death-rate was reached in July, thence it gradually rose in August, especially during the latter part of the month, when the epidemic may be said to have begun. From the end of August to the 20th of September the death-rate rose by successive and rapid waves, until the daily number of

casualties from fever was as high as 105. During the course of the following eleven days the number rose to 200, which was reached on the 27th of September. It then fell to 175, rising again on the following day to 205, again to descend on October 1st to 185, from which number it rose to 220 on the 3d of that month, when the maximum point was attained. The mortality among children was excessively high. Of a total of 6,859 deaths, no fewer than 3,531, or more than one half, were recorded to have occurred among children under twelve years of age. It is well known that, when compared with adults, infants and children show a peculiarly marked susceptibility to malarious influences, as evinced by the more rapid supervention of dangerous symptoms, and the greater tendency to spleen affection, wasting of the tissues, and the other sequelæ which characterize the state known as malarious cachexia; and to this, no doubt, the excessive mortality among these cases is to be ascribed. The symptoms were chiefly those of intermittent fever, but two forms of the disease were met with, common intermittent fever and the dangerous remittent fever, to which many succumbed; but between these two there were many gradations partaking of characters common to both. Not infrequently at the commencement of the hot stage, there were violent bilious vomiting and purging, attended with pain and uneasiness in the regions of the stomach and liver, indicative of congestion of those organs; and in cases of long standing diarrhea was a common symptom; but in no case did Dr. Bennett see "choleraic" symptoms superadded to those of fever. During the attacks the spleen, as a rule, became enlarged, afterward returning to its normal size in the period of intermission. In some of the cases of remittent fever examined the condition known as the typhoid state intervened: dry brown tongue, sordes on the teeth, frequent, weak, fluttering pulse, and other symptoms of prostration were observed.

Dr. Bennett unhesitatingly attributes the outbreak to an excessive rainfall, obstructed drainage, and water-logging of the soil. During the months of July and August a fall of thirty-eight inches was registered, being twenty-four inches above the average of the previous ten years; while that for September was under the usual average. In consequence of this excessive downpour a large portion of the ground about the city was covered with water, and that in the city

wells rose to about six feet from the surface. Indeed, in one portion, where both the drainage and outfall are extremely defective, the water in several of the wells actually rose to a level with the ground. After this inordinate rainfall the atmosphere was heavy and moist to an unusual degree; while, from the damp soil, drying up under the influence of a hot sun—the ground-water at the same time beginning to subside—organic emanations from the decomposing animal and vegetable matter contained in it must have been given off in great abundance. In October, cold dewy nights were superadded, when bronchitis, pneumonia, diarrhea and dysentery became frequent concomitants, and frequently proved fatal.

INJURIES OF THE HEAD IN RELATION TO CRIMES OF VIOLENCE.—Doctor Clifford L. Drew, in the British Medical Journal:

The subject of crimes of violence in connection with cranial injuries is, I believe, as far as the convict service is concerned, an uninvestigated field. All scars, or other cranial injuries, are entered in the description of the prisoner on his medical history sheet, but I am not aware of any possible connection of these with the prisoner's position being considered in the light of cause and effect. My attention was called to this subject by several very interesting cases, which were sufficiently well marked to at least make one wish the subject could receive more attention. A very shrewd observer told me that, after nearly thirty years' experience among prisoners of the most violent and dangerous type, he was fully convinced that the cranial injuries received by prisoners did in some way influence their careers. One thing is certain, that, among convicts, a great number of epileptics is found; and when one considers that it is quite exceptional to find a prisoner of the lower class without the remains of a scalp wound, the question naturally occurs, what effect has the injury had? Out of one hundred cases, taken indiscriminately, I found only 8.8 per cent without some cranial injury or other. As many prisoners have led exceedingly vicious lives, and many, probably, have inherited tendencies, it would very likely be impossible to ever draw any reliable conclusion on the subject of simple scalp wounds.

The subject which these few remarks is intended to open up is, that of depressed fractures in relationship to murderous assault and crimes of that order. The following are

good examples of different types of cases referred to:

CASE I.—The prisoner, a mate of a vessel, well educated, and with an exceedingly retentive memory for dates and names, was sentenced to penal servitude for attempting to shoot one of the crew. As a rule, his certificates showed that his conduct had been excellent, but one or two told a different tale. On several occasions he had broken out in paroxysms of frenzy, and had attempted violence, for which he was placed under restraint. This man was put under medical observation, as he showed signs of mental derangement. His one great complaint was "an undue quantity of blood to his head," and, indeed, this remark first drew my attention to his condition. A lengthened observation confirmed the suspicion of his mental state, and he was eventually removed on this account. He always objected to answering questions, as he said he became confused, and could not correctly state what he wanted to say. During a conversation one day he told me that, at the former prison, he had received corporal punishment for insolence to an official. I can hardly believe this, as that sort of punishment is now only resorted to in extreme cases. I should fancy that no director would undertake the responsibility of according such a punishment for an offense of that nature. If this statement were true, it would be conclusive proof that his mental condition had not been suspected. This man had a depressed fracture of the frontal bone, caused many years ago by falling on a nail.

CASE II was that of a different type of criminal from the last. This convict, during work, made a murderous attack with a shovel on a warder. In his case there was also a deeply depressed fracture of the skull. His intellect was of a low order, but he showed no evidence, during many months of observation, of passion.

CASE III occurs in a soldier—a most inferior subordinate man, with uncontrollable temper. In this case there was a depressed fracture of the frontal bone. This fracture prevented his being certified fit for corporal punishment.

Roderick McLean, who attempted to shoot Her Majesty, I believe had received an injury to his head; and another instance occurred in the case of a man who, on being checked or contradicted in a public-house, made a murderous attack on a policeman. In both these cases, we have no evidence of the nature of the injuries. These cases are

examples of classes of criminals deserving great attention. We know how men who have received sunstroke or other injuries to the head are often irritable and easily affected by a small quantity of alcohol. How much more would a depressed fracture be likely to cause these results? Whether the fracture cause a protrusion of the inner plate of the skull, thickening of the membranes, or inflammatory deposit, the morbid condition is a latent one, and only requires an exciting cause to produce results. This exciting cause may be alcohol, any irritating remark or contradiction; and either of these appears sufficient to develop paroxysms of uncontrollable passion.

The important question to which this subject gives rise is, Does such injury, and consequent local affection of the brain, weaken the moral control of the individual? The inquiry is a most difficult one, and thorough investigation is probably impossible, as far as convicts are concerned, for the following reasons: (1) The statements of the convict can not be relied upon; (2) In most cases no family history can be obtained.

One object is gained by investigating this subject; and that is, to consider all criminals with depressed fractures of the skull as dangerous and requiring specially careful and judicious management. If it can be proved that such men are easily excited and rendered unaccountable for their actions, surely they should not be treated as ordinary criminals, subjected to rigid discipline and surrounded by associations that would naturally tend to excite the paroxysms of maniacal passion. It may be said that these were cases of homicidal mania; if so, the question still remains, What had the fracture to do with the condition?

These few, and, for the foregoing reasons, necessarily incomplete remarks, are made simply as a hint for the further investigation of a subject of no slight importance to both the criminal and the public at large. I no longer have any opportunity for continuing the inquiry; but, should any light on the subject be forthcoming, my object will be effected.

A NEW OPERATION FOR SPINA BIFIDA.—Mr. A. W. Mayo Robson, F.R.C.S., Eng., says, in the *British Medical Journal*:

Knowing the pathology of spina bifida to be deficiency of the neural arches of the vertebræ, with a projection of the spinal membranes through the cleft, it has seemed to me that the methods of cure hitherto adopted

have been either dangerous or uncertain, or both, and have all been wanting in scientific aim. These methods are: ligature; elastic ligature, leading to gradual removal; injection of tincture of iodine, or of iodine and glycerine; simple excision; and removal by the clamp. But their value may perhaps be best judged of by the following paragraph, taken from Holmes's Surgery: "Viewing, then, the great danger of any effectual surgical treatment, it seems better to watch the case carefully, and not to interfere, unless the tumor is growing."

Mrs. S. consulted me concerning her child, a few days old, which was the subject of a spina bifida in the lumbar region of the size of a tennis-ball. The tumor had such thin walls that, in certain parts, it was perfectly transparent. There was a distinct impulse on coughing or crying; and the communication between the dilated sac and the spinal canal could be felt to be more than an inch in length, and over half an inch wide. When it was six days old the skin had become so red and thin over the upper part of the swelling that I saw it would burst if left a day longer; hence I decided to operate. When the infant was fully anesthetized I made a vertical incision on each side of the tumor, half an inch from its base, through the skin, and then very carefully dissected the integuments from the meninges, until I reached the laminae of the vertebrae; this required very careful dissection, as the membranes left were so thin as to be perfectly translucent; the fluid was now let out by puncturing with fine scissors, which were also used to cut away the redundant membranes. The cauda equina was fully exposed, lying on the floor of the spinal canal. I now had two folds on each side, each fold being of a different width, the two inner meningeal folds three fourths and half an inch respectively, and the two skin-flaps of the same width; but while the wider meningeal flap was on the right, the wider skin-flap was on the left. Thus, when sutures were applied, the lines of union were not opposite.

Acting on the same principle as is carried out in uniting the peritoneum, I brought together the serous surfaces of the arachnoid by several sutures, so as to completely shut off the spinal canal. Mr. Mayo had, in the meantime, been kindly dissecting the periosteum from the femur and frontal bone of a rabbit, which he had just killed. This periosteum I placed, with its osteogenic layer undermost, over the closed meninges, and

carefully sutured it to the periosteum of the laminae on each side, and to the bony margins above and below. After this the skin was sutured, a layer of protective applied, and a pad of salicylic wool placed over the wound. The whole operation, which occupied more than an hour, was performed under the eucalyptus air. Catgut ligatures were employed, and the instruments and sponges were well carbolyzed. On the second day, the nurse, in applying the napkins, displaced the dressing; but although the skin-wound slightly opened, there was no formation of pus, and no slough came away; in fact, through the small opening I could see that granulations had sprung up from the superficial surface of the interposed periosteum. The child has thriven, and has not had a single bad symptom. As yet I can not feel any bony crackling, but the skin is level with the surface, and the case is practically cured; if bone form, however, the covering will be all the firmer, and the spinal canal will be physiologically perfect. I had mentioned my intention to Mr. Jessop, a short time before I performed the operation, and he kindly offered to let me have some periosteum from an amputated leg; but, unfortunately, the inflamed condition of the sac gave me no chance of choosing my time. The capability of grafting living tissues, and seeing them still live, has been proved in the case of cuticle on the surface of ulcers and skin in cases of ectropion; the special instance which suggested the grafting of periosteum to my mind, was the witnessing of the continued vitality of two flaps of skin which I detached from the forearm and transplanted to the nose in a case of nasal deformity.

February 10, 1883, four months since the operation—it has thriven well, and is strong and healthy. The skin over the lumbar region is quite flat with the back, and the site of the tumor is only marked by the line of incision. Apparently no new bone has formed, since the structures covering the spinal hiatus feel soft. They seem to be thicker than the skin and meninges employed to cover in the gap; therefore, it is just possible that the transplanted periosteum has survived, and now renders the covering more firm than it otherwise would be. Although one can not help feeling disappointed that new bone has not formed, I shall hope to have better success when I can transplant periosteum from a recently amputated limb and not from one of the lower animals.

FACE PRESENTATION.—Dr. Strachan, of Sunderland, writes: "A. W., aged twenty-two, primipara, at full period, was first seen after slight dilatation of os had taken place, the face having barely engaged the pelvis, although the membranes were ruptured and the liquor amnii was escaping. The finger touched the right malar bone and orbit. The pains were frequent but not strong, and the patient was hysterical. I gave opium and left her, and was sent for twelve hours later, when the os was fully dilated, and the face, which had now descended to about the middle plane of pelvis, was found presenting in the first position, the right oblique diameter, with chin backward toward right sacro-iliac-synchondrosis. As the forehead seemed decidedly to take precedence, I tried gently to make the head rotate on its transverse axis into the first cranial position with the occiput toward the left ilio-pectineal eminence, but did not succeed. This was the method recommended by the late Dr. J. Clark, but is now abandoned. Next, introducing my finger into the mouth, I endeavored to bring down the chin—the proper analogue of the occiput—at the same time assisting the natural rotation into the fourth facial position, the left oblique diameter, with the chin forward. But all my efforts seemed fruitless to move the head in any way, especially as the pains were weak. So, after waiting two or three hours longer to see what course nature intended to adopt, and as the frontometal diameter still remained impacted in the same position, I gave chloroform, and applied the long forceps with double curve, the upper blade, which had to be introduced first, being rather difficult of introduction between the prominences of the face and the maternal parts so as to avoid injuring either. The long, straight forceps are recommended in these cases with the view of better assisting rotation, but in this instance the double-curved ones answered remarkably well, as, under rather powerful traction accompanied by a gentle twist in the desired direction, rotation took place into the fourth position, and the face was born chin forward, the hollow of the forceps pointing backward. Had rotation not taken place, the case would most likely have ended in craniotomy. The child was born alive, and although slightly disfigured at the time, with the caput succedaneum over the right cheek and orbit, which were both considerably swollen, it has done well; the mother has also made a good recovery.

THE TREATMENT OF SPINAL CURVATURE BY THE PERFORATED FELT JACKET.—E. Noble Smith, F.R.C.S. Ed., writes in *British Medical Journal*, March 10th.

Under the above heading, Mr. Nelson Hardy, in describing his treatment of a case of excruciation of the spine (*British Medical Journal*) states that I have "spoken slightly" of felt jackets in my pamphlet recently published upon *Curvatures of the Spine*. I shall be glad to state my reasons for having done so. They are: (1) Because felt jackets compress the walls of the thorax, and thus interfere with respiration; (2) Because the use of such corsets hinders the free development of the dorsal and other muscles; (3) Because felt jackets do not thoroughly control the upper part of the spine; (4) Because I have found it better (when a support is really necessary) to use a light instrument which does not interfere with muscular exertion, but which acts as a support directly the muscles become too tired to keep the spine in an upright position, and which thus prevents the subsidence of the spine into abdominal curves.

I am glad to find that Mr. Hardy recognizes the inefficiency of the spinal supports commonly used. I have already, upon several occasions, protested against the use of steel instruments with crutches, and am not surprised that Mr. Hardy's patient derived no benefit from the use of one. Mr. Hardy's case was probably benefited chiefly by the exercises which he so judiciously prescribed, and I do not doubt that even the plastic felt jacket, imperfect for the purpose though it is, acted, when skillfully applied, as a useful support; but I believe that a more rapid improvement might have been obtained if, instead of a jacket, the felt had been used as a back-splint, in the manner described and figured in the pamphlet which Mr. Hardy has referred to. I have found gutta-percha or leather splints very suitable for excruciation in very young children, but doubtless the plastic felt would serve the purpose very well.

ICHTHYOL.—Dr. P. G. Unna, of Hamburg, has lately been experimenting on the dermato-therapeutic uses of a substance called ichthyol, obtained by Herr Rudolph Schröter by the distillation of bituminous substances and treatment with condensed sulphuric acid. (*The Lancet*.) This body, though tar-like in appearance, and with a peculiar and disagreeable smell of its own, does not resemble any known wood or coal

tar in its chemical and physical properties. It has a consistence like vaseline, and its emulsion with water is easily washed off the skin. It is partly soluble in alcohol, partly in ether with a changing and lessening of the smell, and totally dissolves in a mixture of both. It may be mixed with vaseline, lard, or oil, in any proportions. Its chemical constitution is not well established, but it contains sulphur, oxygen, carbon, hydrogen, and also phosphorus in vanishing proportions, and it may be considered comparable with a ten-per-cent sulphur salve. Over ordinary sulphur preparations it has this advantage, that the sulphur is in very intimate and stable union, so that ichthyol can be united with lead and mercury preparations without decomposition. Ichthyol when rubbed undiluted on the normal skin does not set up dermatitis, yet it is a resolvent, and in a high degree a soother of pain and itching. In psoriasis it is a fairly good remedy, but inferior to chrysarobin in P. inveterata. It is useful also locally in rheumatic affections as a resolvent and anodyne, in acne, and as a parasiticide. The most remarkable effects, however, were met with in eczema, which was cured in a surprisingly short time. From an experience in the treatment of thirty cases of different kinds—viz., obstinate circumscribed moist patches on the hands and arms, intensely itching papular eczema of the flexures and face, infantile moist eczemas, etc.—he recommends the following procedure. As with sulphur preparations, he begins with a moderately strong preparation, and as he proceeds reduces the strength of the application. For moist eczema weaker preparations (twenty to thirty per cent decreased to ten per cent) must be used than for the papular condition (fifty per cent reduced to twenty per cent), and the hand, for example, will require a stronger application than the face; and children a weaker one than adults; but ichthyol may be used in any strength from a five-per-cent to a forty to fifty-per-cent application or undiluted. For obstinate eczema of the hands the following formula is given as very efficacious:

R Lithargyri,	10.0
Coc. c. aceti,	30.0
Ad reman.,	20.0
Adde olei olivar,	} aa 10.0
Adipis,	
Ichthyol.,	10.0
M. Ft. ung.	

Until its internal effects are better known caution is advised as to its very wide spread

application, although Herr Schröter has taken a gram with only some apparent increase of peristalsis and appetite.

THE BACILLUS TUBERCULOSIS.—Professor Feltz, formerly of Strasburg, and now of Nancy, whose authority and experience in all matters relating to the production and pathological influence of micro-organisms are generally acknowledged, has addressed a note to the *Gazette Hebdomadaire* of March 2d, in which he states that all his attempts at the cultivation of the microbes discovered by Dr. Robert Koch, with the view of testing their specific character by inoculation, have proved utter failures, although he exactly followed the directions given by Dr. Koch for this purpose in his original paper. "In presence of my failures," he says, "I could not be sufficiently thankful if I were furnished with the necessary information to enable me to avoid this kind of misadventure: for I would not cast a doubt, from the facts only which I have just mentioned, upon those which Dr. Koch has so positively affirmed."

ON THE EXTERNAL USE OF LACTOPEPTINE.—Dr. Guido Bell, of Indianapolis, reports in the *American Practitioner* the cure of a chronic ulcer thus: After two months of the usual treatment the wound was unchanged, except it was perhaps more irritable. I applied lactopeptine twice a day for three days, when healthy granulations appeared on one place, and within ten days the wound was perfectly clean. The loss of substance was considerable, and it took three weeks more for a full cicatrization.

BEER has invaded the South of France, and is rapidly making its way in Italy.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department, U. S. A., from April 7, 1883, to April 14, 1883.

Alexander, Charles T., Major and Surgeon, to be relieved from duty at the United States Military Academy, West Point, New York, August 28, 1883. (Par. 6, S. O. 82, A. G. O., April 10, 1883.) *Bartholf, John H.*, Captain and Assistant Surgeon, the extension of leave of absence for twenty-three days by S. O. 37, C. S. Department of the Columbia, further extended one month. (Par. 1, S. O. 31, Mil. Div. of the Pacific, April 3, 1883.) *Gibson, R. J.*, Captain and Assistant Surgeon, relieved from duty at Cantonment, on the Uncompahgie, Colorado, and assigned to duty at Fort Hays, Kansas. (Par. 1, S. O. 73, Dept. of the Mo., April 7, 1883.)